FINANCIAL POLICY STATEMENT

We would like to thank you for choosing **NWRA** and allowing us to provide your healthcare needs. Policies listed herein have been approved by the management with the goal of providing the finest care and service to our patients at the lowest cost. We are committed to providing you with the best possible care. In order to accomplish this, we need your assistance in reading and understanding our financial responsibility and payment policy.

Payment Responsibility
It is the expectation that all patients/guarantors receiving services are financially responsible for the timely payment of all charges incurred. While the clinic will file verified insurance for payment of the bill(s) as a courtesy to the patient, the patient/guarantor is ultimately responsible for payment and agrees to pay the account(s) in accordance with the regular rates and terms of the clinic in effect at the time of service. Copays and deductibles are due at the time of service. Payment will be accepted in cash, checks, Visa, Discover, MasterCard & Amex. Patients needing to make payment arrangements will be referred to the Patient Account Representative for the necessary arrangements. The clinic will make a reasonable effort to assist patients in meeting their financial obligations. Financial arrangements for payments will be made at the clinic's discretion based on the amount. It is your responsibility to understand your benefit plan.

Release of Information
By signing our Acknowledgement of Consent form, you provide us with the authority to release such information as is necessary to collect from insurance companies and other third-party payers. Medical and billing records will be on file with **NWRA** for a minimum of two years. When requesting medical records, please allow up to 30 days for release of information. Charges may apply to certain parties as allowed by Oregon law.

Patient Responsibility
Balances after insurance are due within 30 days of the insurance payment, unless other arrangements have been made with the Patient Account Representative, the financial counselors of the clinic. Statements are sent out on a monthly basis and it is required by the clinic that balances be paid within 30 days of the statement date. Past due accounts which have not contacted our office to set up payment arrangements may be sent to an outside collection agency for account receivable assistance. In cases where suit needs to be filed in order to recover a past-due balance, all court costs and attorney's fees will be borne by the patient/guarantor. All services may not be covered by all insurance companies. It should be understood that by accepting the service(s), the patient/guarantor is responsible for payment regardless of the insurance coverage. Checks returned for Non-Sufficient Funds (NSF) are subject to a reprocessing fee of $35.00.

Uninsured Patients
If you are not covered by insurance, our clinic policy requires a $125.00 deposit at the time of scheduling. This deposit will be applied to the total cost of your visit. Please contact the Patient Account Representative to make payment arrangements on any outstanding amounts. Subsequent appointments cannot be scheduled until you have payment arrangements in effect.

Out of Network Patients
If the clinic is not an in-network provider with your insurance company, you may still have out of network benefits that would allow you to be seen. In the event that your insurance carriers pays you directly for services performed at **NWRA** you're required to turn over the check to our office within 7 days of receipt.

Outstanding Bills
The clinic reserves the right to request deposits and payment for outstanding balances. Deposits will be based on the outstanding balance plus the patient's share of the bill for the new services to be performed. The clinic will make every effort to work with the patient on creating the appropriate payment plan if needed. If the account is not paid in full or payment and/or payment arrangements haven't been made within the allowed time frames, the clinic reserves the right to refer the account to an attorney and/or collection agency for collection of the balance.

Patient Scheduling
Every effort will be made to schedule the patient at the patient's convenience. Patients will be advised of the clinic's Financial Policy on the initial visit. By signing the bottom of the Financial Policy at the initial appointment the patient/guarantor acknowledges receipt of copy of the clinic's Financial Policy.

Attendance Policy
If you should need to cancel or re-schedule any appointment, please call the office at least 24 hours in advance. If you miss an appointment and fail to contact our office as described above, you may be charged a fee. If you arrive more than 15 minutes late for your appointment we reserve the right to cancel your appointment. If you repeatedly miss or reschedule your appointment, you may be referred back to your PCP. The first time there is a cancellation without notice or no-show there may be a fee of $25.00 to the patient. A 2nd occurrence may result in a $75 fee to the patient. The 3rd occurrence may result in a $75 fee and the patient may be discharged from the practice.

Acceptance of Insurance
The clinic will submit a bill to the insurance carrier(s) on the patient's behalf. It is understood that insurance is filed as a courtesy to the patient and does not relieve the patient/guarantor of financial responsibility. The patient/guarantor will be responsible for payment in full on all claims not paid within the allowed period of time (see patient responsibility). The clinic will make every effort to verify insurance coverage, deductible, acceptance of payment for services and other limits for the patient as a courtesy.

Pre-Certification
The clinic will make every effort to pre-certify and/or obtain written referral for all services and procedures that are required, provided the clinic is supplied with the necessary and correct information. In addition, the clinic will make every effort to certify ongoing authorization and referrals as needed. It is however, the responsibility of the patient to verify that all authorization and referrals are on file and have been approved by the insurance company. In the event authorization has not been obtained you have the option to be seen at our private pay rate of $125.00 per service line.

Rejected Claims/Services Not Covered
Our staff is trained to assist you with insurance questions. COVERAGE ISSUES can only be addressed by your employer or group health administrator. Although our assistance is available, and we will make every effort in helping get your claims and services covered, we cannot act as a mediator on your behalf. The Administration and Management welcomes the opportunity to discuss any aspect of the Financial Policy. We appreciate your confidence and strive to provide you with the best quality healthcare.

I have read the **NWRA** Financial Policy Statement and agree to the payment policies and understand my patient responsibilities.

_____
Print Name

_____
Signature of Patient or Authorized Representative

_____
Date: Date of birth: SSN: